The Children's Sunshine Home operating as LauraLynn, Ireland's Children's Hospice

Statement of Purpose and Function

Disability Services
(COVID-19 RELATED ADJUSTMENTS TO SERVICE & INCREASED FOOTPRINT)

Name of Designated Centre: The Children's Sunshine Home *(operating as LauraLynn, Ireland's Children's Hospice)*

Address: Leopardstown Road, Foxrock, Dublin 18

Telephone Number: 01-2893151

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e-mail address: reception@lauralynn.ie

website: www.lauralynn.ie

HIQA Registration Number: REG-0030473

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1. Introduction

The Children's Sunshine Home, operating as LauraLynn, Ireland's Children's Hospice (The Service) is a voluntary healthcare organisation. Established originally as The Children's Sunshine Home, it is funded primarily under Section 38 of the Health Act by the Department of Health through the Health Services Executive for the provision of an agreed level or quantum of service under a service level arrangement. Additional funding is received through other sources such as grant aid and fundraising. We operate in accordance with our Vision & Mission statement and in keeping with the statutory requirements and standards applied from external sources, such HIQA, DOH, HSE, and Child Protection Services.

The Service is a Registered Charity, and is a Company set up under the Companies Act, limited by Guarantee and not having a Share Capital.

2. Mission

Our mission for our disability service is to provide a Community of Care that delivers;

- evidence-based, personalised services to children with complex care needs and complex disabilities, and
- a home to our residents where quality-of-life is paramount

We will strive to advance the development and delivery of services to those we support through advocacy, research and education. Our ambition ultimately is that the children and adults in our care are supported to reach their full potential.

To deliver exemplar, holistic care; within a dynamic culture of compassion, collaboration and excellence.

3. Objectives

In 2019 the Service launched our Strategic Plan 'Growing a Community of Care' for 2019 – 2023, which outlines our core focus for the disability service as to:

- Extend our children's disability respite service in the greater Dublin area to serve more children and families.
- To enhance our adult disability service to ensure it's an exemplar service and the best possible one for our residents.
- To build the financial, human, educational and reputational resources necessary for us to achieve these ambitions.

These objectives reflect our determination to **make every day better for those in our care** through the provision of high-quality, clinical and social care, in an environment that promotes inclusion, having fun and making the most of every moment.

4. Values

Our three values, Compassion, Collaboration and Excellence underpin every aspect of care and support provided. We believe in delivering excellence by providing hospitality to all who come in contact with us and we promote dignity, respect and compassion towards every child or adult and their family.

5. Facilities (See Appendices 3 for Site Map & Building Floor Plans):

5.1 Hazel House Residential Respite House for Children; provides respite care to children with complex care needs with a maximum occupancy of 6 children at any time (1 respite bed closed as one child in residence in the twin bedroom awaiting alternative residential placement). There are two children resident in this house, one of whom is awaiting full-time residential care in an alternative setting and 4 respite care beds. Medical and specialised positioning equipment, mobile hoists and individual slings are available and utilized based on the children's individual needs.

Room	Maximum number of children accommodated	Equipment	Size
Teddy Bear Bedroom	2 (respite beds)	Overhead Track Hoist Piped oxygen Piped suctioning Profiling bed Nurse Call alarm	28.95sqm
Balloon Bedroom	2 (1 interim residential bed and 1 respite bed currently not used due to residential placement in room)	Overhead Track Hoist Piped oxygen Piped suctioning Profiling bed Nurse Call Alarm	26.72sqm
Flower Bedroom	2 (respite beds)	Overhead Track Hoist Piped oxygen Piped suctioning Profiling bed Nurse Call Alarm	26.72sqm
Ladybird Bedroom	1 (residential bed)	Overhead Track Hoist Piped oxygen Piped suctioning	18.10sqm

		Profiling bed Nurse Call Alarm	
Bathroom	1	Overhead Track Hoist Profiling bath Shower trolley Nurse Call Alarm	22.72sqm
Kitchen/Sitting Room/Sensory area	7	Overhead Track Hoist Positioning equipment Nurse Call Alarm	65.50sqm
Family Room	3	Overhead Tracking Hoist Nurse Call Alarm	14.28sqm
Family Toilet/Shower room		Disabled bathroom Pull Cord Alarm	5.46sqm
Toilet		Disabled toilet Baby Changing Station Pull Cord Alarm	3.87sqm

5.2 Willow View & Hollyoak; provides high support residential care to a maximum of 7 adult residents (mixed men and women). Medical & specialised positioning equipment, mobile hoists and individual slings are available and utilized based on the adult's individual needs.

Room	**Maximum number of adults accommodated**	**Equipment**	**Size**
Bedroom 1	2	Profiling bed Nurse Call Alarm	24.93sqm

Bedroom 2	2	Profiling bed Nurse Call Alarm	24.93sqm
Bedroom 3	1	Profiling bed Nurse Call Alarm	24.93sqm
Bedroom 4	1	Profiling bed Nurse Call Alarm	24.93sqm
Bedroom 5	1	Profiling bed Nurse Call Alarm	24.93sqm
Sensory Room	4	Sensory Equipment Nurse Call Alarm	24.93sqm
Bathroom	1	Profiling bath Shower trolley Nurse Call Alarm	16.21sqm
Toilet	1	Disabled access Pull Cord Alarm	2.72sqm
Kitchen/Living room	7	Positioning Equipment Nurse Call Alarm	50.68sqm
Sitting room	2	Nurse Call Alarm	12.8sqm
Sitting Room Hollyoak	4	Nurse Call Alarm	17.20sqm
Clinical Room Hollyoak	1	Roll on Weighing Scales Clinical Equipment	17.20sqm

Bathroom Hollyoak	1	Profiling bath Shower trolley Nurse Call Alarm	25.64sqm
Activities/Recreation Room Hollyoak	7	Positioning Equipment Nurse Call Alarm	78.37sqm
**Temporary COVID-19 Isolation bedroom	2	Positioning Equipment Nurse Call Alarm	**6.5m x 7m**

*Hollyoak and Willow View are located beside each other and share facilities. Rooms in Hollyoak not listed above are designated as temporary store rooms.
****Temporary isolation room established as part of contingency plan for COVID-19 management.**

5.3 LauraLynn House is a purpose built children's hospice, currently operating at capacity of 4 beds. LauraLynn House provides high support hospice care to children with life limiting conditions and their families. During the Covid-19 pandemic LauraLynn House is also supporting referrals for crisis care from children that would normally attend Hazel House in the designated centre. Medical & specialised positioning equipment, mobile hoists and individual slings are available and utilized based on each child's individual needs. Staffing structure is registered nurses and Healthcare Assistants active duty 24/7, 7 days a week.

Room	**Maximum number of children accommodated**	**Equipment**	**Size**
Bedroom 1	1	Profiling bed Nurse Call Alarm Overhead tracking hoist Piped Oxygen Piped suctioning Hand wash sink Medication press	$18m^2$
Bedroom 1 ensuite	1	Nurse Call Alarm Overhead tracking hoist Toilet & sink Shower trolley	$8m^2$
Bedroom 2	1	Profiling bed Nurse Call Alarm	$18m^2$

		Overhead tracking hoist Piped Oxygen Piped suctioning Hand wash sink Medication press	
Bedroom 2 ensuite	1	Nurse Call Alarm Overhead tracking hoist Toilet & sink Shower trolley	8m^2
Bedroom 3	1	Profiling bed Nurse Call Alarm Overhead tracking hoist Piped Oxygen Piped suctioning Hand wash sink Medication press	18m^2
Bedroom 3 ensuite	1	Nurse Call Alarm Overhead tracking hoist Toilet & sink Shower trolley	8m^2
Bedroom 4	1	Profiling bed Nurse Call Alarm Overhead tracking hoist Piped Oxygen Piped suctioning Hand wash sink Medication press	18m^2
Bedroom 4 ensuite	1	Nurse Call Alarm Overhead tracking hoist Toilet & sink Shower trolley	8m^2
Bathroom	1	Profiling bath Shower trolley Roll on Weighing Scales Nurse Call Alarm Overhead tracking hoist	17.5m^2
Sensory Room	1	Sensory Equipment	10.5m^2

		Nurse Call Alarm Overhead tracking hoist Piped Oxygen Piped suctioning	
Toilet in living area	1	Disabled access Pull Cord Alarm	8m^2
Living area	4	Sensory Equipment Nurse Call Alarm Overhead tracking hoist Piped Oxygen Piped suctioning	101m^2

5.4 Outdoor Recreational Areas

Recreational areas are accessible, safe, secure and well maintained. There are walkways throughout the garden areas and benches for resting at frequent intervals. There are 3 playgrounds, all fenced and gated. Two playgrounds have been adapted and are accessible to adults and children with physical disabilities, with a wheelchair swing and roundabout.

A beach themed space is provided in a courtyard area while to the rear of the Service there is a sensory garden area comprising of a quiet corner, play area, chess game, musical instruments, seating and tracks for walking wheelchairs on.

5.5 Restaurant & Kitchen

A facility for adults, children, families, volunteers and staff for refreshments and meals (maximum capacity 39 people). It is open for breakfast (8.30am – 11.00am), lunch (12.30 – 2.00pm) and tea (4.30pm – 6.00pm) and for hot beverages and refreshments throughout the day. The HACCP compliant kitchen meets the dietary needs of children and adults, serving all residential areas with nutritious meals prepared under the guidance of the dietician and nursing staff.

Room	**Maximum capacity**	**Equipment**	**Size**
Dining Room	**10 people during COVID-19 restrictions**	Hand Wash Sink Tables separated and seating reduced for social distancing	100 sqm

Kitchen & Wash Up Area		Dishwasher Cooking equipment Fridges Freezers Hand wash basins Catering equipment	43.2 sqm
Goods In Area		Dry Goods Store Cold Room	21.52 sqm
Goods Out Area		Cleaners Store Catering Office	10.0 sqm
Staff Changing Room		WC Shower Locker facilities	5.10 sqm

6. Services Provided:

6.1 Residential services are currently provided to 7 adults and 2 children (1 child is currently awaiting residential placement in alternative setting) with disabilities, 24-hour 7 days a week, 52 weeks of the year. **COVID-19 NOTE:** All residents are being cocooned in line with Public Health guidance during COVIOD-19 pandemic.

6.2 Respite and Crisis Care support is provided to children with profound learning difficulties, accompanying physical disabilities, complex medical and healthcare needs, and who may have additional sensory impairments in Hazel House, with a maximum of 5 children at any time (capacity of 6 + 1 crisis care when residential children appropriately placed), 24-hour 7 day week, 50 weeks of the year.

COVID-19 NOTE: As per Public Health guidance routine respite breaks were postponed from Friday 13th March 2020, with no confirmed date for resuming service at this point. Referrals for crisis care will be reviewed and admissions will be supported in single bedroom with ensuite accommodation in LauraLynn Children's Hospice, on the same campus.

6.3 Specific Therapies: All therapies are provided through a referral process as a shared resource between Disability and Children's Palliative Care services. Health and Social Care Professional Posts are funded either through the HSE or are supported through fundraising.

- Physiotherapy services are provided in accordance with the guidelines of their registered body. The physiotherapist works to provide the best possible care and quality of life for children and adults with particular focus on respiratory and posture care.

- Occupational Therapy service is available on referral for advice and support with regards to seating requirements.

- Dietetics service ensures that diets meet each individual child and adult's nutritional requirements and preferences.

- Speech & Language therapy provides assessment and support to people with communication difficulties to enhance and develop the persons means, reasons and opportunities to communicate. The SLT also provides direct support to the person with eating, drinking and swallowing difficulties and provide advice to family and staff to ensure the individual is safe during mealtimes.

7. Designated Registered Service Provider

Name	Kerry McLaverty
Position	CEO
Principle Address	LauraLynn, Ireland's Children's Hospice, The Children's Sunshine Home, Leopardstown Rd, Foxrock, Dublin 18
Principle Telephone Number	01 289 3151 Mobile: 087 3411560
Current Professional registration, relevant qualifications and experience	BSc Sports Medicine, MSc Physiotherapy HIQA/IHI Health & Social Care Quality Improvement Science (Cert) & MBA 14 years' experience working in Healthcare sector 9 years as HSCP in Disability Services (children's and adults) including 2 years in Children's Palliative Care 2 years as Clinical Services Manager (Disability & Children's Palliative Care) 3 years as Head of Operations (Disability & Children's Palliative Care)
Alternative Telephone Number	01 2893151
E-mail address	ceo@lauralynn.ie

8. Person in Charge

Name	Anne-Marie Carroll
Position	Director of Nursing
Principle Address	LauraLynn, Ireland's Children's Hospice, The Children's Sunshine Home, Leopardstown Rd, Foxrock, Dublin 18
Principle Telephone Number	01 289 3151
Current Professional registration, relevant qualifications and experience	Certificate Intellectual Disability Nursing (1991) BSc Nursing Management (RCSI; 2004) PG Dip Healthcare Risk Mgt & Quality (UCD; 2014) PG Dip Healthcare Management (RCSI; 2018) 29 years post registration experience 7 years CNM 2/3 in disability services 4 years DON Disability Services 9 years DON Disability & Children's Palliative Care Services
Alternative Telephone Number	087 6637377
E-mail address	ACarroll@lauralynn.ie

9. Arrangements when the person in charge is off site:

The Director of Nursing is the Person in Charge (PIC) and is normally on site Monday to Friday during office hours.

The Quality Risk & safety Manager (QRSM) is a PPIM and assumes the PIC role when the DON is on leave. An annual schedule is in place to ensure PIC cover is maintained. In the absence of the PIC/DON, a member of the Senior Nurse Team will be identified for clinical leadership to support the Quality Rik & Safety Manager. In the absence of the DON and the QRSM the Executive on Call are PPIM's and assume the PIC role with clinical leadership being provided by an identified member of the Senior Nursing Team. Two CNM 1 posts are operational, 1 for adult and 1 for children's service. The CNM1's normally work Monday to Friday

office hours, with occasional weekends/evenings. CNM 1's take leave opposite each other to ensure continuity with clinical support and leadership.

A Staff Nurse is rostered 24/7 in the disability service and assumes shift lead responsibility in the absence of the CNM1. A Senior Nursing Team Clinical on-call roster is in operation 24/7 365 days per year, to ensure efficient and effective back-up support is available to staff on duty in the event of unforeseen emergencies. The Executive Team operate an on call roster covering the entire Service, 24/7 365 days per year, as an escalation route for managers in the event of major incidents, out of hours' media enquiries and service continuity issues. (Ref Guideline No 3.24; Executive and Clinical On-Call Guideline)

Director of Nursing
↓
Quality, Risk & Safety Manager & Clinical on Call (when DON on leave)
↓
Executive and Clinical on Call (When QRSM and DON on leave)
↓
Clinical Nurse Manager 1
↓
Staff Nurse on duty with Clinical on-call support
↓

Clinical on Call with Executive on Call Support

The rostered Clinical on-call system applies to the hours where there is no on site senior nursing team cover.

- ✓ An identified nursing team member will carry the Clinical on-call mobile phone; 087 222 8252.
- ✓ CNM1's and care teams on duty will be informed of the arrangements in place.
- ✓ A record of all calls received will be kept in the on call log.

COVID-19 NOTE: During current pandemic a member of the Senior Nursing Team is on site 6/7 days per week and a member of the Executive team 5 days per week.

10. Executive Management Team

Name	Position	Function
Kerry McLaverty	CEO	Registered Provider
Anne-Marie Carroll	Director of Nursing	PIC
Lauri Cryan	Head of Human Resources	PPIM

Sarah Meagher	Head of Fundraising	PPIM
Vacant	Head of Operations	PPIM
Ailie Moseley	Quality, Safety & Risk Manager	PPIM (deputy PIC)
Sarah O'Callaghan	Head of Marketing and Communications	PPIM
Ingrid Blake	Interim Finance Manager	PPIM
Joanne Balfe	Consultant Paediatrician	PPIM

***NB – A rota of the Executive Management Team is in operation for site emergencies 24/7**

11. Persons participating in the Management of the Disability and Hospice Services

Persons Participating in the Management of the Disability Service	**Qualifications**	**Experience**
Joanne Balfe, Consultant Paediatrician.	Medical degree (MB, BAO BCh, LRSCI&PI) (RCSI)1997 MRCPI paeds- 2000 MSc in Healthcare law and ethics (RCSI) 2012 Diploma in Paediatric Palliative Medicine (Cardiff) 2017 Diploma in Leadership and Quality Improvement (RCPI) 2018	21 years' experience in paediatrics, 15 years in paediatric neurodisability. 13 years at consultant level. 12 years working in Paediatric palliative care.
Ailie Moseley Quality, Risk & Safety Manager	PG Dip Managing Health & Social Care Diploma in Quality & Leadership	17 years' experience in Healthcare Sector (public and Private). 9 of these years in middle and senior management in NHS and Irish Health & Social Care Sector

Ingrid Blake, Head of Finance	BA (Hons) Accounting & Finance, FCA (Chartered Accountant), Dip in International Financial Reporting Standards (IFRS), Prince2 Foundation Practitioner Certificates (Project Management).	3 years' experience with the HSE at General Manager level (Secondment role) Previous experience 11 years in the private sector post qualification as a Chartered Accountant. 7 of these years were at management level.
Sarah O'Callaghan, Head of Marketing and Communications	PG Dip Business Studies BA Hons Psychology Diploma in PR	26 years' experience as communications, public affairs and marketing professional in multinational private and charity sector. 7+ years of executive management experience.
Sarah Meagher, Head of Fundraising & Marketing	Ma Econ BA Econ	10 years' experience in LauraLynn at Executive level Previous 17 years' experience in commercial area
Lauri Cryan, Head of Human Resources	Accounting Technician (IATI) Degree in Marketing MBS in HR	2 years' experience in financial services 10 years' experience in advertising. 22 years in human resources in the health service

12. Risk Management

The Service ensures that there is an effective Risk Management System in place in order to provide a high quality, safe environment to children, adults and their families using the service and an environment and culture that is safe for staff, volunteers and visitors and contractors. (Ref Policy No 7.1, Risk Management Policy)

The risk management process in the Service is both proactive and responsive in its applications and incorporates the identification, assessment, management and ongoing review of risks on an organisational and individual level.

The process outline in Appendix 1 shall be applied in relation to all incidents or potential incidents, accidents and near misses (Ref No: 7.4 Incident Reporting Policy and Procedure).

Clinical Incident Assessment

Child/Adult

- Serious accidental injury
- Serious illness
- Suspected/reported non-accidental injury or abuse
- Clinical advice and support

Staff

- Serious accident
- In the event of unforeseen staff shortages, the on call person will assist/advice the Site PIC in sourcing adequate cover

Non-Clinical Incident Assessment

Facilities

- Outbreak of fire
- Loss of heating/electricity/water
- Disruption to catering services
- Breach in security

13. Registration Details

Registration Number	REG-0030473
Date of Registration	07.01.2019
Expiry date of registration	06.01.2022
Conditions attached by the chief inspector to registration	*Condition 1* – The designated centre The Children's Sunshine Home shall be operated at all times in conjunction with the Health Act 2007 as amended from time to time; *Condition 2* – The designated centre The Children's Sunshine Home shall be operated at all times in compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013 and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013 and in compliance with all other regulations made under the Health Act 2007 as amended from time to time; *Condition 3* - The designated centre The Children's Sunshine Home shall be operated at all times in compliance with the National

	Standards for Residential Services for Children and Adults with Disabilities (January 2013) (as amended, consolidated, restated or replaced from time to time) and in compliance with all other standards made under the Health Act 2007 and as the Chief Inspector may notify to the registered provider from time to time; *Condition 4* – The designated centre The Children's Sunshine Home shall be operated at all times in compliance with all other legislation regulations and standards which are applicable to it; *Condition 5* – Subject to any prohibitions or restrictions contained in any other condition(s), the designated centre The Children's Sunshine Home shall be operated at all times in accordance with, and shall provide only the services set out in its Statement of Purpose, as delivered and amended from time to time in accordance with Regulation 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulation 2013 (S.I. No. 367/2013), (as amended, consolidated, restated or replaced from time to time); *Condition 6* – The maximum number of persons that may be accommodated at the designed centre The Children's Sunshine Home is 19.

14. Capacity of centre

The maximum capacity for the Centre is 14.

Currently the maximum number of adults supported in residential care is 7 and the number of children supported in residential/respite care is 6 (one respite bed not in use as in twin room currently occupied by child awaiting residential placement).

15. Staffing Complement

The Service employs staff for Disability Residential services, through HSE Section 38 funding, additional resources are provided through fundraising activities (Services) to enhance the provision of integrated disability and children's palliative care services.

Posts that are specific to the Disability Service

POSITION	HSE W.T.E	SERVICES W.T.E
CNM1	2.00	
Staff Nurse	14.60	
Nursery Nurse (NN)	2.51	
Healthcare Assistants (HCA)	9.50	2.38
Activities Co-Ordinator (NN/HCA)	1.60	
TOTAL	30.21	2.38

Posts that are specific to the Hospice Service

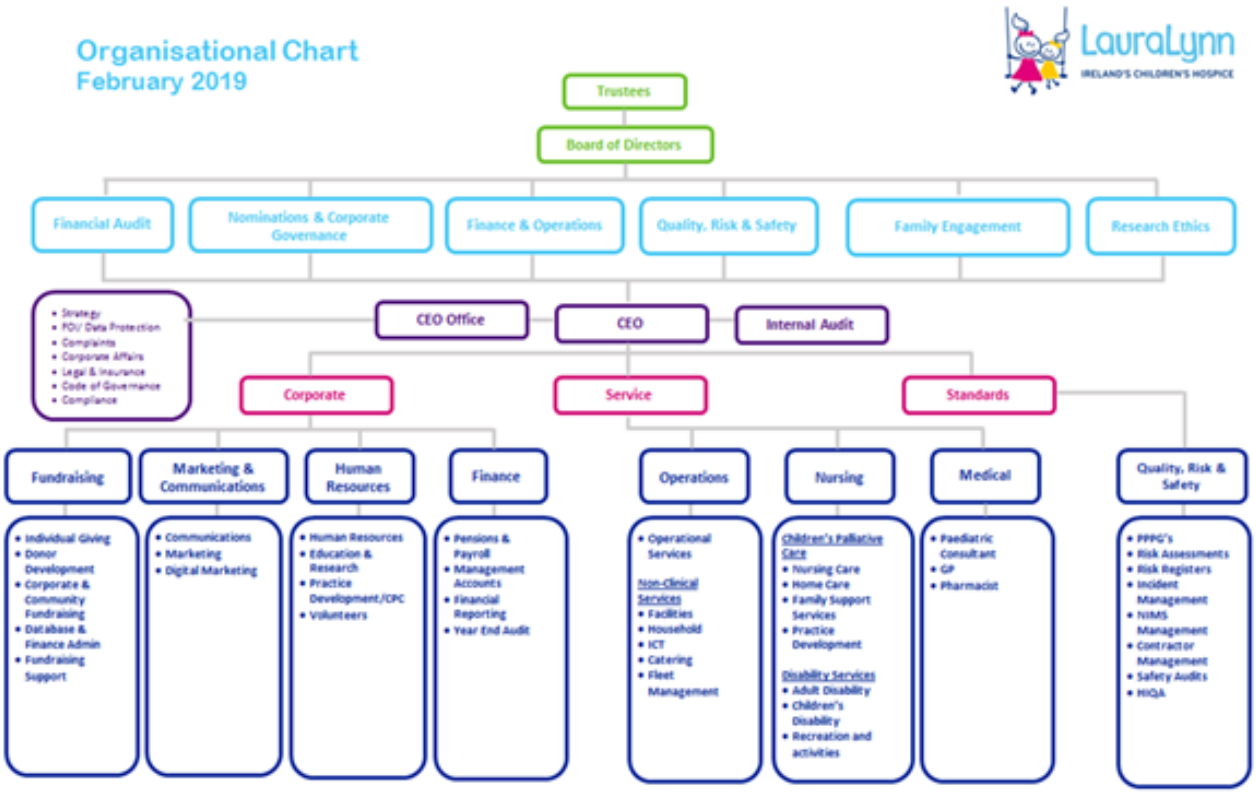
POSITION	**HSE W.T.E**	**SERVICES W.T.E**
ADON		1.00
Clinical Nurse Specialist in Paediatric Palliative care	0.20	2.00
CNM1	2.00	1.50
Staff Nurse/Senior Staff Nurse	4.48	5.50
Nursery Nurse (NN)		1.15
Healthcare Assistants (HCA)	2.57	3.93
Activities Co-Ordinator (NN/HCA)		0.86
Administrators		2.00
TOTAL	9.25	17.94

Posts that have a dual function between Disability & Hospice Service

POSITION	HSE W.T.E	SERVICES W.T.E
C.E.O.		1.00
Director of Nursing/Person in Charge	1.00	
HR Manager	1.00	
HR Officer	0.81	1.60
Facilities Manager	1.00	
Head of Operations	1.00	
Quality Risk & Safety Manager		1.00
Practice Development & CPC (C.N.M. 2)	1.00	
Administration Assistant	1.86	1.50
Receptionist		1.00
Volunteer Co-ordinator		1.00
Head of Finance	1.00	
Social Worker	0.79	
Chaplain	1.00	
Dietician	0.23	

Nurse Tutor	1.00	
Physiotherapy Manager	0.50	
Maintenance Person	1.00	
Support Services Assistant	3.00	
G.P.	0.31	
TOTAL	16.50	7.10

16. Organisational Structure:



17. Number, age-range and sex of residents/respite adults and children for whom it is intended that accommodation should be provided:

Age Range	Gender	Number	Facilities Provided
24- 40	M & F	7	Adult Disability Residential Care
13 – 18th birthday	M	2	Children's Disability Residential Care
Birth – 18th birthday	M & F	4 *	Children's Disability Respite & Crisis Care

*1 Respite bed blocked as child in twin bedroom awaiting residential placement

18. Specific care and support needs that the centre is intended to meet:

All adults and children supported in the disability service have intellectual and physical disabilities and require a maximum or high level of support. All are totally dependent for all their care needs.

Each child and adult has clearly defined needs including:

- Physical;
- Medical/Nursing;
- Social Interaction;
- Communication;
- Emotional;
- Recreational;

All children and adults require regular monitoring and review in respect of meeting these needs.

19. The type of nursing care to be provided

Care is provided by a team that includes; GP, Nursing Staff, Health Care Assistants/Nursery Nurses, Physiotherapist, Speech & Language Therapist, Administrative Secretary, Catering and Household Staff. (Support is accessed from Paediatrician, Occupational Therapist, Dietician, Social Worker, Chaplain and Children's Palliative Care Clinical Nurse Specialist on a referral basis). All services offered are further enhanced by a team of volunteers who contribute in a very significant way. Nursing care provided is holistic and person centred in its approach with registered nurses on duty 24/7.

Each individuals care is planned by a Registered Nurse in consultation with the individual and/or their family. Each adult and child in residential care has an Integrated Care Plan which incorporates their person centred plan. Plans are formally reviewed annually, with the individual, family, other relevant service providers and the multi-disciplinary team.

Each child in Disability Respite has an integrated care plan established prior to admission in consultation with the child and/or family; care plans are reviewed on each admission and focussed on goals identified at annual reviews and on every admission.

COVID-19 NOTE: Access to GP is currently supported through HSE consulting app, unless face to face consultation is essential. Weekly GP rounds are conduction via the app in collaboration with the Clinical Nurse Manager. The Dietician is providing virtual support and guidance to the residents. Children admitted for crisis respite are cared for in LauraLynn House, designated centre staff give a handover of care, care plans are shared and accessed on electronic healthcare record system and care is delivered in line with care plans.

20. Eligibility, Admission and Discharge Criteria

The Service's Eligibility, Admission and Discharge Policy is in operation to ensure that admissions to the service are timely and determined on the basis of fair and transparent criteria. (Ref Policy No: 4.10. Eligibility, Admission and Discharge Policy - Disability Residential Respite Services)

20.1 Eligibility & Admission to the Disability Residential Respite Service

The Adult Disability Residential Service does not accept referrals for adults over the age of 18 years for Residential or respite service.

The Children's Disability Residential Service does not accept referrals for residential care for children.
The Children's Disability Respite Service accepts referrals for respite for children who:

- Who are aged between 1 and 17 years of age (up to last day of 17th year) - young people referred at 16 years of age and over are considered individually depending on what transition plans for adult services are already in place.
- Have profound learning difficulties, accompanying physical disabilities, complex medical and healthcare needs and may have additional sensory impairments.
- Who are vulnerable to acute changes in health which necessitates 24-hour care.
- Whose complex needs require them to be managed by a registered nurse (i.e. Gastrostomy Tube Feeding, uncontrolled/unstable Epilepsy, unstable respiratory conditions).
- Who are registered and supported by a Primary Disability Service.
- Who live in the CHO East (Wicklow, Dun Laoghaire, Dublin South East), CHO 7 (Dublin South City, Dublin West, Dublin South, West Kildare/West Wicklow) & CHO 9 (Dublin North, Central Dublin, North West Dublin North)

The Children's Disability Respite does not accept referrals for children who

- Are independently mobile;
- Exhibit behaviours that challenge or put themselves or others at risk;
- Children with tracheostomy/artificial airways;
- Who require high medical and clinical team support.
- Who live outside of CHO East, CHO 7 & CHO 9 areas.

20.2 Discharging from Disability Residential Respite Services

Adult Disability Residential Service:

- The 7 resident adults have security of a permanent home and are not required to leave against their wishes unless there are compelling reasons for the move i.e. National Policy, suitability of accommodation,
- Each adult/their representative is consulted with in advance of any move and has access to an advocate if they wish to object
- The arrangements for the transition of any adult within the residential service to a new residential service will be carried out in consultation with each adult/their representative and all transitions will occur in a timely manner with planned supports in place

Children's Residential Service

- The Service currently provides high support residential care to 2 teenagers with profound and multiple learning disabilities and complex healthcare needs.
- One teenager is on a long term emergency placement, a referral has been made for appropriate residential placement and is awaiting assessment.
- The permanent residential teenager has security of a permanent home and is not required to leave against their wishes unless there are compelling reasons for the move
- The arrangements for the transition of any child within the residential service or to a new residential setting will be carried out in consultation with children's families and occur in a timely manner with planned supports in place.

Children's Disability Respite Service

- The decision to discharge the provision of LauraLynn services is the responsibility of the Disability Referrals Team.
- Each child's eligibility to the Service will be reviewed annually or more frequently if need indicated.
- Transition planning to adult Disability Services will commence when the child reaches 14 years of age, The Service will work with the CHO Disability Case Manager to ensure the child is prepared for transition to adult service.
- A family may choose to voluntarily withdraw from children's Disability Respite Services and request to be discharged

COVID-19 NOTE: referrals for crisis care are assessed individually. Whilst the residential children are cocooning all crisis referrals will be admitted to LauraLynn House.

21. Arrangements for residents/respite children to engage in social activities, hobbies and leisure interests

Children and adults avail of a range of activities on and off-site (health permitting). These are co-ordinated by the Recreation and Activities Co-ordinator/CNM's and supported by the Care Team, Health Care Assistants and Volunteers.

A variety of organised social activities are available to the children and adults. On-site individual and/or group sessions are held in residential houses and general use playrooms. Active community-based participation is also promoted through social outings, visiting community groups and volunteer involvement. Activities and therapies are creatively developed and informed by individual preferences, needs and goals as identified in care plans. Specialised therapies are designed to facilitate communication and sensory stimulation.

Current activities provided within the service and accessible to the residents within the local community are:

COVID-19 NOTE: Presently in line with Public health guidance all residents are being cocooned and activities are provided within the residential placement with the residential care team and virtual supports from volunteers including 1:1 facetime calls with buddies, music sessions and storytelling. The Activities Coordinators have a schedule of activities in place including reading, musical recitals, therapeutic play, bowling, cinema evenings, painting, cooking/baking, Special Olympics.

22. Access to education, training and employment

Our Education Policy and Education and Training Opportunities and Day Activation Services Procedure promotes educational and training opportunities for children and adults to maximise their individual learning needs, strengths and abilities.
Each adult in residential care is supported in accessing Day Services (health permitting) provided by local Disability Services. Children in residence are supported to continue education (health permitting), where residential children are unable to travel to school the Service supports applications for Home Tuition.

Respite children are supported to continue to attend school when in respite where possible, if not possible the family identify goals for the child to attain whilst in respite.

COVID-19 NOTE: Currently all residents are being cocooned and not attending day services or school since Thursday 12th March 2020

23. Arrangements made for consultation with, and participation of, residents in the operation of the service

Residential adults and children, and children attending for Disability Respite are consulted with on a regular basis as individuals, regarding their specific needs and desires. Due to the high level of disability and for

some, lack of capacity to choose, consultation occurs with the adult and their families, the majority of consultation regarding service developments takes place with families. Where possible, autonomy is promoted by giving the adults and children the opportunity to plan their day for example - when they would like to get up, choices are given regarding meals and meal times and when they would like to rest/go to bed. Advocacy services are engaged if and when required to ensure that all stakeholders are acting in the best interest of children and adults.

The Service has established a subcommittee of the Board to represent family's interests and views. In principal the subcommittee consists of family representatives (from all strands of the service), Board members, CEO, Head of Operations, Director of Nursing, Marketing and Communications Manager and the Volunteer Co-ordinator. Nominations/volunteer parents represent hospice care and disability services.
The objectives of the subcommittee with regards to the best interests of children, adults and families in each strand of the Service are:

- To provide an effective representative body for families (parents, siblings, grandparents, guardians, carers)
- To communicate effectively with the Board of Directors and staff to families/carers
- To develop and foster communications within the 'Families Groups'
- To allow for greater openness for communication and put forward suggestions, issues and concerns for the improvement of the service in an open and constructive manner
- To agree on the key actions and deliverables of the subcommittee and to review and monitor the implementation of these actions

The outcomes of Family Satisfaction Surveys are used to inform the services of changes or development requirements. In order to ascertain the views and suggestions from front line staff the CNM 1's will consult and represent them at committees/working groups, specific projects include facilitating focus groups with frontline staff.

COVID-19 NOTE: During current pandemic weekly telephone calls are maintained with all families and regular written updates are sent

24. Fire Precautions and Emergency Procedures

The Services Health & Safety Statement incorporates arrangements for:

- the prevention of an outbreak of fire through the establishment of day-to-day fire prevention practices;
- the instruction and training of staff;
- the holding of fire and evacuation drills;
- the maintenance of escape routes;
- the provision of adequate fire protection equipment and systems;
- the inspection and maintenance of the fire protection equipment and systems;
- liaising with the Fire Authorities;
- maintenance of a Fire Safety Register;

- Visitors, staff, volunteers and residents sign in sheets are in operation at all entrances/exits and all must sign in and out of buildings;
- Emergency Evacuation Box is situated in each care area.

The Emergency Management Plan defines roles and responsibilities in the event of a major internal emergency. This includes actions to be taken in the event of any emergency defined as serious, unexpected and potentially dangerous situation requiring urgent action.

The Service operates an Escalation Process (Ref Appendix 2) in the event of an Internal Emergency/Major Incident. The purpose of this document is to describe the escalation process for staff to follow in the event of an internal emergency/major incident within designated centre and Service wide. This procedure should be used in conjunction with the service's Emergency Management Plan and Contingency Plan.

25. Religious services:

We are a non-denominational Service and accept referrals from people of all faiths or to those belonging to no faith traditions. We ensure that any ceremonial service or ritual that takes place is in a multi-faith manner based on the faiths or non-faiths of the children or adults.

Our Chaplain facilitates a Quiet Time Service for the children and adults as required/requested and offers a quiet non faith based sensory time with reflective and inspirational music and periods of silence. The care team support arrangements for children adults to attend a religious service should they choose.

26. Arrangements made for contact between residents and their relatives, carers, representatives and the local community and for children in care contact between his/her HSE Child and Family Social Workers

We operate a visiting children/adults policy which recognises the right for all children and adults to maintain personal relationships and links with the community, and for residents, staff and stakeholders to be treated with dignity and respect. (Ref Policy No: 4.6 Visiting Children/Adult's Policy Disability Services).

COVID-19 NOTE: In light of current pandemic the service is presently closed to visitors to the adult residential service. Parents of the two residential children can visit (one at a time) once they are asymptomatic and temperature within normal range.
Updated guidelines on visitor restrictions are on display in prominent areas in the Service.
Connections with families are maintained through telephone, skype, zoom and facetime calls.

27. Compliments & Feedback

It is the policy of the Service to ensure that there is an effective and comprehensive system in place for people using our services to provide us with feedback. The service welcomes and encourages feedback from the people who access our service and commits to learn from the information it receives and to use the learning to inform continuous improvements in our services. (Ref Policy No 1.3; Your Feedback Matters – Tell Us What You Think (incorporating feedback & complaints))

The service welcomes feedback from all stakeholders to ensure the delivery of high quality supports and services at all times. All feedback and concerns, verbal or written are acknowledged, reviewed, explored thoroughly, treated confidentially and responded to fully in a timely manner. Where necessary quality improvement plans are developed to prevent recurrence. Suggestion boxes are available at every entrance for comments and feedback.

The Service has a nominated Complaints Officer, Claire O'Sullivan (Executive PA). The request for a review of the management of a formal complaint can be referred through the Services internal appeals procedure or the complainant will be informed of their right to review by the Ombudsman or the Ombudsman for Children. (Ref Appendix 4).

28. The arrangements made for dealing with reviews and development of the residents individualised personal plan referred to in the regulations

Each adult and child in residence has a formal annual review of their Care Plan & Global Assessments which incorporates their Person Centred Plan. The formal annual review is attended by the resident (when appropriate), the resident's circle of support (family, appropriate members of the service's care team, the relevant disability day service/education provider and HSE Social Worker (where relevant)). Each resident and/or their families/advocate are given a copy of the care plan during the annual review and as requested thereafter. The nominated keyworker reviews the care plan at a minimum monthly to ensure it is reflecting the adult or child's care and support needs.

Each child attending respite services has a review of their care plan on every admission.

29. Specific therapeutic techniques used in the service and arrangements for their supervision

Children and adults in residence have access to appropriate therapeutic interventions, by referral, which are carried out by appropriately qualified therapists.

Therapies include:

- Physiotherapy;
- Speech & Language Therapy;
- Other appropriate therapies that may be requested or required from time to time

Therapists are orientated, guided and supervised on site by the most appropriate shift leader or manager.

COVID-19 NOTE: In order to restrict movement of staff cross sites the SLT is currently working and supporting residents remotely, the physiotherapist is on site at a minimum once weekly.

30. Privacy and Dignity

It is the policy of the Service to ensure that there are systems and practices implemented which uphold privacy and dignity to embed a culture of person-centred care, maintain standards, develop a supportive professional environment and promote positive attitudes, behaviours and dialogue between staff, the children and adults that use the service and their families.

Each resident has his or her own bedroom or bed space (for those who share twin bedded room) and are encouraged with the support of staff and families to keep personal possessions and to make their area as homely as is possible.

Our Intimate Care Policy (Ref Policy no:4.4) ensures that children and adults receive personal care and treatment in privacy, each bedroom has a privacy curtain/blind that will screen off the doorways, bathrooms are only used by one person at a time.
Sitting rooms are available for adults and children to meet in private with their family/visitors. Telephones and Skype are available if and when needed and personal time and space is allocated for this as appropriate. It is noted that many of the children and adults require assistance with managing such equipment and as such may need the facilitation of a team member for this activity.

Each child and adult has an individual personal file in which all data is managed and maintained by the key worker and/or shift leader. Records are kept private and locked in a secure location for safe-keeping. Each child or adult and/or their family may have access to their own records as they require in keeping with their individual capacity.

Each child and adult is allowed personal independence and autonomy in keeping with their age, cognitive ability and capacity. Each child and adult is communicated with the utmost respect and dignity, always addressing the child or adult directly when engaging with them in all activities. Each child and adult is consulted in relation to all aspects of their care and supports and in keeping with their age, cognitive ability and capacity.

31. Day care services

As a general rule, day care services are not offered. However, from time to time parents may prefer to avail of day respite care for their child rather than availing of overnight care. Where possible this is provided and a programme of activities is established to meet that child's needs. The Recreation and Activities Coordinator schedules activities each week that meet the needs of the individuals that are unable to attend Day Services for whatever reasons.

COVID-19 NOTE: no adults have attended Day Services since Thursday 12th March 2020

32. List of key policies that inform practice in the service

	Policies required in regulations	In place
1.	The prevention, detection and response to abuse, including reporting of concerns and/or allegations of abuse to statutory agencies	• Child Protection and Welfare Policy. *Ref No: 5.1* • Management of suspected or Alleged Abuse for Vulnerable Adults Policy. *Ref No: 5.2* • Safeguarding & Protection from Abuse Policy. *Ref No: 5.3*
2.	Admissions, including transfers, discharge and the temporary absence of residents	• Eligibility, Admission and Discharge Policy. *Ref No 4.10*
3.	Incidents where a resident goes missing	• Missing Resident Procedure. *Ref No: ND017* • Temporary absence of a resident procedure *Ref No:ND20*
4.	Provision of personal intimate care	• Intimate Care Policy. *Ref No: 4.4*
5.	Provision of behavioural support	• Behavioural & Emotional Support Policy. *Ref No: 4.9*
6.	The use of restrictive procedures and physical, chemical and environmental restraint	• Restrictive Practices Policy. *Ref No: 4.8*
7.	Residents personal property, personal finances and possessions	• Finance Management Policy. *Ref No: 1.4* • Procedure for managing residents personal cash, possessions, debit cards, petty cash and restricted funds - DCS *Ref No: ND029/ND030*
8.	Communication with residents	• Communications with Residents policy. *Ref No: 4.11*
9.	Visitors	• Visiting Children/Adult's Policy. *Ref No: 4.6*
10.	Recruitment, Selection and Garda vetting of staff	• Policy on Recruitment & Selection. *Ref No: 3.1* • Policy on Volunteer Recruitment. *Ref No: 3.4*
11.	Staff training and development	• Staff Education & Training Policy *Ref No: 3.8*
12.	Monitoring and documentation of nutritional intake	• Food Safety Policy. *Ref No: 6.4* • Nutrition and Hydration Policy. *Ref No:6.5* •

13.	Provision of information to residents	• Provision of Information to Residents Policy *Ref No: 4.12*
14.	The creation of, access to, retention of, maintenance of and destruction of records	• GDPR Policy. *Ref No: 2.2* • FOI Policy. *Ref No: 2.3* • Policies, Procedures and Guidelines – Development, • Review, Approval & Communication. *Ref No: 1.6*
	Policies required in regulations	**In place**
16.	Risk management and emergency planning	• Risk Management Policy. Ref No: 7.1 • Health & Safety Statement • Escalation Process in the event of an Internal Emergency/Major Incident. *Ref No: ND027* • Incident Reporting Policy – Identification, Documentation, Rectification, Review and Communication. *Ref No: 7.4*
17.	Medication management	• Medication Management Policy. *Ref No: 6.1* • Administration of Intramuscular Injections Procedure. *Ref No 6.1.3* • Administration of rectal medications. Ref No: 6.1.8 • Administration of eye and ear drops procedure. Ref No: 6.1.9
18.	The handling and investigation of complaints from any person about any aspects of service, care, support and treatment provided in, or on behalf of a designated centre	• Your Feedback Matters – Tell us what you think. *Ref No: 1.3*
19.	Education policy which complies with relevant legislation in respect of the education needs of children with disabilities (in centres where children reside)	• Education Policy *Ref No:4.7*
20.	Access to education, training and development	• Education and Training Opportunities and Day • Activation Services Procedure. *Ref No:ND018*
21.	CCTV (in designated centres where CCTV systems are in use)	• GDPR Policy *Ref No: 2.2* • CCTV Policy *Ref No: 2.6*

33. Arrangements in place for COVID-19 Infection, Prevention & Control

In December 2019, a novel coronavirus (COVID-19) was detected in three patients with pneumonia connected to the cluster of acute respiratory illness cases from Wuhan, China. By the end of February 2020, several countries were experiencing sustained local transmission, including in Europe.

As an initial response to the outbreak LauraLynn Ireland's Children's Hospice created an internal Covid-19 group, which met on a weekly basis from 6th March 2020 to monitor the situation and discuss contingency plans if required.

As the situation continued to rapidly change, the group met on a daily basis to monitor daily updates from the Health Protection Surveillance Centre and manage operations in line with the guidelines from the Department of Health. Decision-making is based on Public Health advice in the interest of service users, staff, volunteers & supporters. See Appendix 5, COVID-19 Contingency Plan and Returning to Work on Site Safely.

34. Arrangements in place for the Review, Approval and Communication of the Statement of Purpose and Function

The Statement of Purpose and Function is considered a live document, managed by the Director of Nursing in consultation with the CEO and Board of Directors. Updates to the Statement of Purpose and Function occur as required with the approval of the CEO, at a minimum the SOPF is reviewed quarterly. The SOPF is publicly accessible on the Services website and to families on request. The SOPF is communicated to staff on induction to the Service and available on the staff resource folder on computer and in the PPPG folders in each residential house. Updates to the SOPF are communicated by staff email to disability services staff and Executive Management team

35. Appendices

Appendix 1: Incident or Potential Incident Reporting

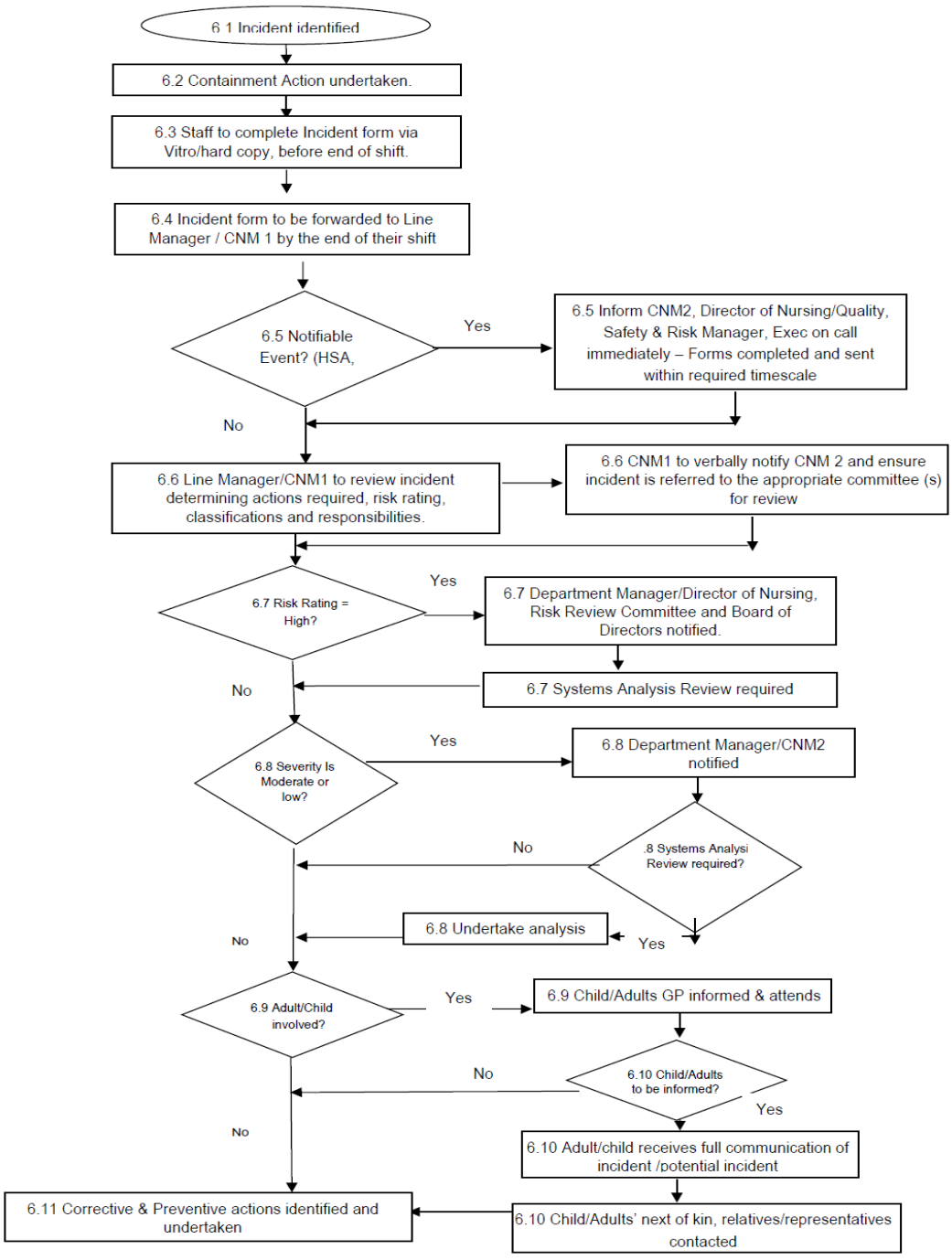
Appendix 2: Escalation Process in the event of an Internal Emergency/Major Incident

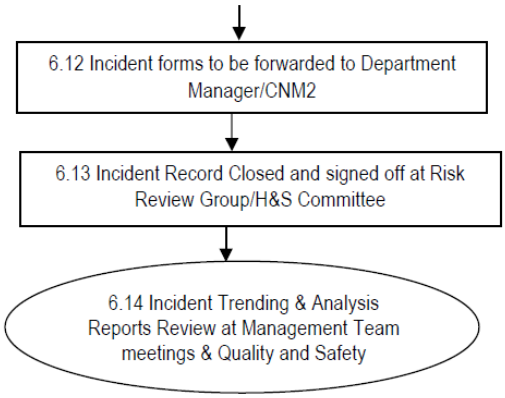
Appendix 3: Site Map & Building Plans

Appendix 4: Complaints Procedure

Appendix 5: COVID-19 Contingency Plan and Returning to Work on Site Safely

Appendix 1: Incident or Potential Incident Reporting




6.12 Incident forms to be forwarded to Department Manager/CNM2
6.13 Incident Record Closed and signed off at Risk Review Group/H&S Committee
6.14 Incident Trending & Analysis Reports Review at Management Team meetings & Quality and Safety

Appendix 2: Escalation Process in the event of an Internal Emergency/Major Incident

6.0 Escalation Procedure

The escalation procedure in the event of an internal emergency/major incident shall follow the process outlined in Fig.2.0

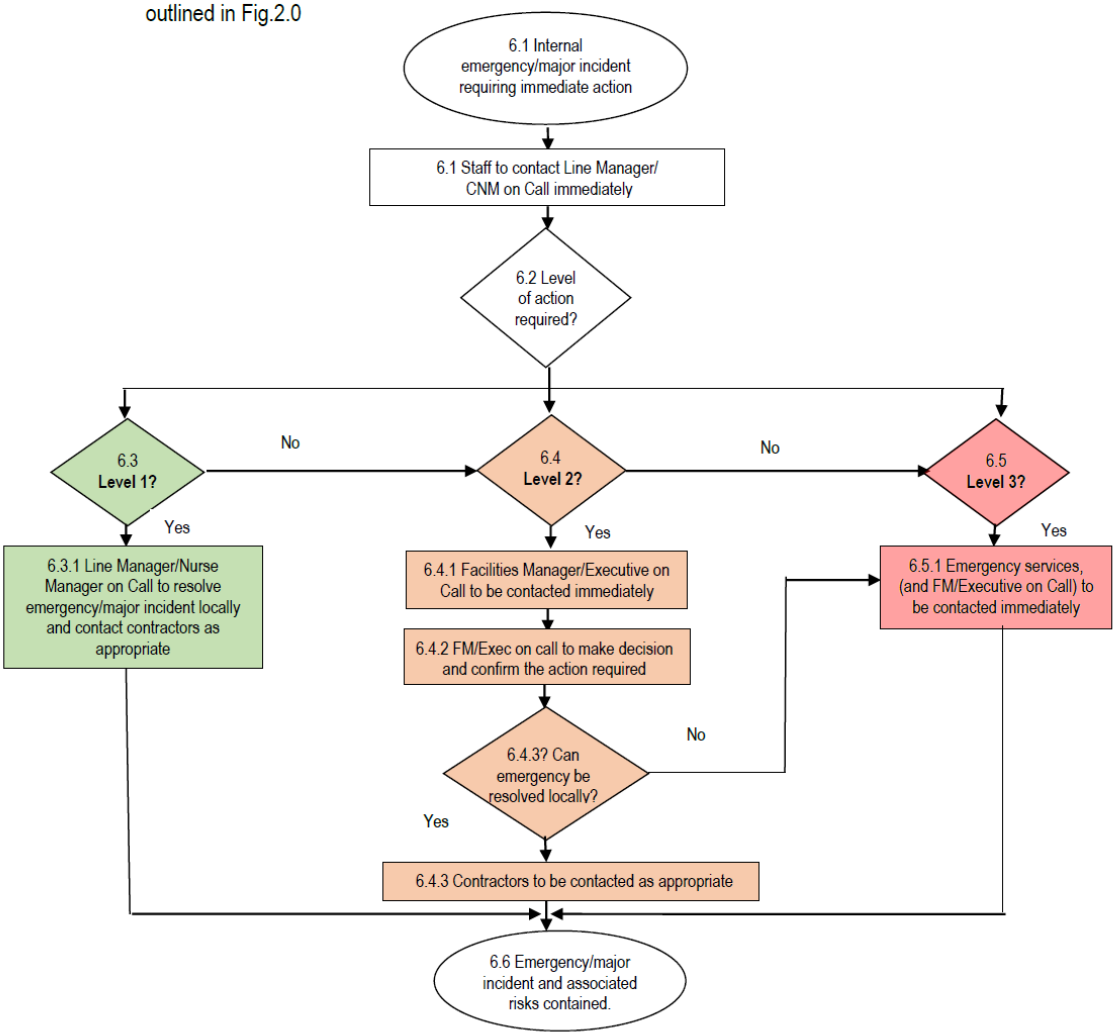


Fig 2.0 Escalation procedure in the event of an internal emergency/major incident

Appendix 3: Site Map & Building Plans

Appendix 4 – Complaints Procedure

If you remain unsatisfied you can contact the CEO on 01-2893151 or email CEO@lauralynn.ie or the Office of the Ombudsman – Ph: 01 6395600 or email ombudsman@ombudsman.gov.ie
Written complaints are to be forwarded to the Complaints Officer who will log the complaint and acknowledge it within 5 working days, co-ordinate the investigation of the complaint and endeavor to have it completed within 30 working days and communicate the outcome or ongoing process to the complainant.

Appendix 5 – COVID-19 Contingency Plan and Returning to Work on Site Safely

LauraLynn
IRELAND'S CHILDREN'S HOSPICE

Contingency Plan and Returning to Work on Site Safely

LauraLynn Ireland's Children's Hospice

COVID-19 PANDEMIC 2020

LauraLynn Children's Hospice, Leopardstown Road, Foxrock, Dublin 18
W: www.lauralynn.ie T: 01 289 3151 E: info@lauralynn.ie

Covid-19 Contingency Planning
LauraLynn Ireland's Children'sHospice

1.0 Background

LauraLynn, Ireland's Children's Hospice provides a 'Community of Care' that comprises children's hospice service as well as an adult residential disability service and a children's disability service. All services operated from our main campus in Leopardstown, Dublin 18.

In December 2019, a novel coronavirus (COVID-19) was detected in three patients with pneumonia connected to the cluster of acute respiratory illness cases from Wuhan, China. By the end of February 2020, several countries were experiencing sustained local transmission, including in Europe.

As an initial response to the outbreak LauraLynn Ireland's Children's Hospice created an internal Covid-19 group (see appendix 1 for membership), which met on a weekly basis from 6th March 2020 to monitor the situation and discuss contingency plans if required.

As the situation continued to rapidly change, the group met on a daily basis to monitor daily updates from the Health Protection Surveillance Centre and manage operations in line with the guidelines from the Department of Health. Decision-making is based on Public Health advice in the interest of service users, staff, volunteers & supporters.

2.0 Clinical measures currently in place at LauraLynn

2.1 Adult Residential Service:

The adult residential service will remain fully operational but with the following restrictions:

- Attendance at day service and all other non-essential view excursions and activities have been suspended as of Friday 13th March
- Visitor restrictions have been in place since 13th March, and as of 20th June a phased reintroduction of visiting commenced
- Social distancing in practice with adults divided into 3 groups, and each group kept separate from the other
- Any essential medical appointments will go ahead unless advised otherwise by the HSE
- Families have been contacted and regular communication is ongoing.
- An isolation/treatment room has been established for COVID-19 positive residents.
- COVID-19 clinical and nursing care plans established in consultation with GP to implement in the event of a resident becoming unwell.
- All residents have temperature and well-being check twice a day, in addition to their normal clinical monitoring. The GP carries out 'ward rounds' as required via HSE virtual consulting

2.2 Children's Disability Services:

- There are two children residential in Hazel House. Both have life limiting conditions. Of these, one teenager is under the care of the palliative care team and is very medically fragile. Both are in single bedrooms
- The respite service supports up to 12 children per week for respite on average 2 nights per week, in shared bedrooms. As a result, the appropriate course of action is to close routine respite from the 13th March so as to limit risks of exposure to the children in residence
- We have risk assessed the families that would be impacted and see it as a low risk for them
- Any family experiencing pressures can seek crisis care, each referral will be assessed on a case by case scenario. Crisis care will be supported in Hazel House from 29th June.
- Arrangements are in place for a phased reintroduction of planned respite breaks with reduced capacity from 10th August
- Visitor restrictions have been in place since 13th March. Parents of children in residence are permitted to visit (one at a time). Parents have temperature and well-being checks before coming into Hazel House and wear clinical masks whilst in the service.
- Contact with families has taken place and regular communication is ongoing.
- Residents have temperature and well-being checks twice daily, in addition to normal clinical monitoring. GP carrying out as required 'ward rounds' using HSE virtual

2.3 LauraLynn House:

- There was a phased reduction in routine short breaks implemented over the weekend of 13th – 17th March 2020
- We will continue to accept any end of life referrals and crisis care. Maximum of 3 children as they will have to be nursed in isolation. Children admitted to LauraLynn House, in addition to normal clinical monitoring, will have temperature and well-being check twice daily
- Visitors have been curtailed. Each case is assessed individually. For crisis care admissions only essential visiting of 1 parent may be permitted. For end of life cases immediate family members may be able to visit using side entrances.
- Contact with families has taken place and is ongoing
- Provision of services in families' homes was curtailed, but the team are avialable to prvoide support to families at home on request and subject to adequate risk assessments. A pathway has been developed of what services can be offered.
- Arrangements are in place for a phased reintroduction of short planned breaks from the 10th August 2020 in reduced capacity
- Family Support team are offering services remotely.

3.0 Other measures implemented

3.1 Infection Control Procedures

- Wipe-downs of high traffic areas (two hourly) at a minimum
- Covid-19 Signage has been placed at all entrances throughout the organisation
- Hand Hygiene stations have been set up at the entrance to each house and reception areas
- Infection prevention and control training is ongoing with all staff on site and is amended relevant to updated guidance's from the Health Surveillance and Protection Centre and HSE

- Any relevant training is ongoing and staff can access training on HSELand
- Breaks times are assigned in the restaurant for different staff groups to limit movement between teams. Seating & table arrangements
- Regular stock control taking place to ensure adequate supplies of Personal Protective Equipment (PPE) and hand gel etc. linking in with HBS to secure ongoing access to supplies
- Floor signage up in restaurant to ensure staff follow social distancing guidance
- Increased use of PPE in line with HPSC, including use of surgical masks in care areas when social distancing of 2 meters cannot be maintained.
- All staff have temperature and well-being checks carried out at the start of shift and before entering care areas, any staff presenting with COVID-19 related symptoms are sent off duty and asked to contact their GP. Nursing and Care staff have a second temperature and wellbeing check carried out during their 11.15 hour shift and if presenting with COVID-19 related symptoms will be sent off duty and asked to contact their GP.

3.2 Contingency Procedures

- Visitor Restrictions are in place
- Volunteers returning onsite will be orientated and only coming in for specific purposes, virtual volunteering programme ongoing
- Postponement of non-essential events & activities on site has been implemented
- 45 staff have been facilitated to access remote working to enable working from home
- Rosters have been created to ensure 1 member of the executive management team are onsite between Mon-Fri and a senior nursing team is on site 6 out of 7 days at a minimum with a Clinical Nurse Manager working on a Sunday

- In the case of a suspected or confirmed case:

Clinical staff to contact Clinical Nurse on Call
Non-Clinical staff to contact Line Manager who will contact Exec on Call

A member of the SNT is the identified staff COVID-19 occupational health contact and a special phone has been established for this. They work in collaboration with HR to ensure staff receive the most up to date and relevant information, advise and support.

- Isolation rooms have been identified
- PPPG's being created, updated and reviewed continuously to ensure the service is operating in line with the most up to date Infection prevention and control guidance.
- Succession planning and workforce have been identified in relation to who is available to work extra and flexible hours in the case of reduced workforce
- All workforce contact information has been updated
- Mount Charles has implemented emergency food supply onsite in the case of reduced service
- Departmental roster in place to identify who is onsite and working from home on a daily basis
- Covid-19 service planning spreadsheet has been developed and updated on a daily basis
- Medical cover is to be provided by phone, HSE consulting app or healthmail
- Clinical meetings are taking place weekly and more frequent if required.

3.3 Communication

- Guidance & updates to staff, volunteers & families has been issued and ongoing

- Website has been updated and is ongoing
- Answering staff HR queries
- Regular contact with the Board, HSE and DOH
- Assigned Social Service's Inspector in HIQA and fortnightly phone calls taking place. Notifications being submitted as appropriate.
- Ongoing communication with peers and healthcare providers re: re-deployment of staff
- WhatsApp group has been created for care staff in the hospice and disability services as many don't currently have remote access to email
- All staff SharePoint site being developed as a repository for important information & communications.

3.4 Occupational Health

- Practice Development Manager identified as Staff Occupational Health contact person for all COVID-19 queries and is following HSE, HSPC and Services Occupational Health service guidance.
- Record maintained of all staff queries and absences related to COVID-1

4.0 Ongoing measures:

- Continue to follow guidance from the department of health, public health and the health protection surveillance Centre and HSE
- Covid-19 Group to continue to meet on weekly to review and monitor updates
- Clinical and Senior Nursing Team meet weekly to go through any clinical issues arising and updated guidance. Daily monitoring of government/HSE/hspc/Dept of Public Health updates

5.0 Measures that may need to be implemented

- Redeployment of staff to other healthcare facilities
- Provide beds on the request of the HSE. Beds have been offered to CHI
- Isolation room has been identified and sensory room the disability services has enough for 7 single bedrooms if required.

6.0 Worse case scenarios

- Clinical staff diagnosed with Covid-19, who have been working onsite
- Service user diagnosed with Covid-19 and not recovering
- No PPE stock
- Severely reduced staffing levels resulting in not being able to provide core clinical services to the residents.

Covid-19 Returning to Work on Site Safely
LauraLynn Ireland's ChildrensHospice

7.0 Context

During the Coid-19 pandemic Irish people have almost universally stepped up to the plate and adhered to the strict guidelines put in place by the Government, following the advice of the National Public Health Emergency Response Team (NPHET).

Because of this strict adherence to the rules, everyone has contributed to the progress that Ireland has made in containing the spread of COVID-19 and, in so doing, lives have been saved. Now, because of the progress made, the country is beginning to move to the next phase in reducing the spread of the virus, while starting to gradually re-open the economy and society. In doing so, we still need to make sure that we adhere to the rules of the new way of living and working, so that we maintain the gains that have been made, and continue to suppress the spread of the virus. Work is a key part of life and most of us want to return to our jobs as soon as possible. But we need to get back to work safely.

In May 2020 the Government issued a roadmap for re-opening society and businesses. The Government has been working with a range of Departments and stakeholders to draw up a roadmap for modifying restrictions imposed to combat the COVID-19 pandemic. This Roadmap includes:-

1. A sequence of actions to re-open the economy and society
2. A decision-making framework for Government
3. A process for engaging with unions, employers and other representative groups to build a co-operative approach to re-opening workplaces and other facilities
4. An updated economic policy response
5. Updated response on other pressing societal concerns
6. Travel and international co-operation

The Roadmap is guided by a number of over-riding principles. That is, an approach which is:-

- Safe –informed and guided by a public health assessment of risk
- Rational - includes consideration of the social and economic benefits and impacts of any modifications of restrictions and their feasibility
- Evidence-informed – uses all of the data and research available to us to guide thinking
- Fair – Ethical and respects human dignity, autonomy and supports equality
- Open and transparent – decisions are clear, well communicated and subject to the necessary checks and balances
- Whole of Society - based on the concept of solidarity and supporting cohesion as we exit over time

LauraLynn Ireland's Children's Hospice is committed to implementing all of the recommended measures that are required to ensure that our service users, staff, volunteers, families and visitors are safe when returning to LauraLynn. In order to achieve this the Executive Management Team have been working to develop its own Roadmap to re-opening its services in line with the Government Roadmap.

8.0 LauraLynn's Returning to Work on Site Safely Steering Group

As well as the roadmap the Government issued a Returning to work Safely Protocol. It is designed to support employers and workers to put measures in place that will prevent the spread of COVID-19 in the workplace, when the economy begins to slowly open up, following the temporary closure of most businesses during the worst phase of the current pandemic.

As detailed in section 2 and 3 above, LauraLynn implemented a significant amount of measures to allow LauraLynn to continue to operate and provide services to children, adults and their families, at a reduced capacity during the Covid-19 pandemic, however, there are additional measures outlined in the Returning to Work Safely Protocol that need to be implemented in order to protect our service users, staff, volunteers, families and visitors further. Therefore, the Returning to Work Safely Steering Group has been established, to oversee and ensure these measures are implemented.

The Steering Group meets on a weekly basis, is jointly chaired by the Head of Human Resources (HR) and Quality, Safety and Risk Manager and comprises of the following members:

- Head of HR
- Quality, Safety and Risk Manager
- Director of Nursing
- Quality, Safety and Risk Officer
- Facilities Manager
- Practice Development Manager
- Head of Marketing and Communications

The Quality, Safety and Risk Officer has also taken on the role as Covid-19 Lead Worker Representative. The purpose of the role is to be a voice for staff as LauraLynn go through the phased process of re-opening. The Quality, Safety and Risk Officer shall support and deal with any queries staff may have regarding the return to work safely project and will raise on their behalf, any concerns, issues or questions they may have, that staff would like the steering group to be aware of or consider.

9.0 Measures to Protect Service Users and Families

9.1 Adult Disability Services:

The following additional measures have been implemented:

- Family visiting the adults has been reintroduced from 8th June 2020
- Visiting is subject to the current situation remaining as is both in service and nationally, should there be a re-emergence of Covid-19 LauraLynn may need to reconsider this plan.
- No more than 2 adult family members can visit at any time
- All visits will take place outdoors in sensory garden between HH & WV weather permitting, alternatively the family room in HollyOak can be used.
- Visitors are required to ring Willow View when on site and enter through the garden area at the back of Willow View (in between Willow View and Hazel House)
- No visitors are not permitted in the building, with the exception of the following;
    - Temperature & wellbeing check
    - Hand Hygiene
    - Sign in
    - Use of bathroom facilities
    - In the event of bad weather, the family room in HollyOak may be used for visits
- Strict social distancing of 2 metres apart will be practiced at all times, if social distancing cannot

be maintained PPE will be provided
- A member of the team will remain with the adult during visit as a support.
- An activity can be arranged for the visit to facilitate this new way of spending time together
- Visitors that are feeling unwell, have recently been in hospital/returned from travel abroad are not permitted to visit
- Visitors will have a temperature and wellbeing check with a member of the nursing team prior to commencing visit, to ensure they are well.
- Times for visiting will be scheduled through the CNM 1.
- Only one family visit permitted at any given time.
- Time slots for visiting adults are 1100 – 1200 and 1600 - 1700
- Recommend that visits should be for no longer than half an hour, however appreciate that there may be circumstances where this time might run over.
- A table is established in the day room for visiting, which will include:
    - Alcohol Hand gel
    - Surgical Masks
    - Aprons
    - Sign in sheet
    - Pens
    - Visiting fact sheet
    - Signage on safe donning and doffing of PPE
    - Hand Hygiene Signage
    - COVID-19 Temp & Wellbeing check doc
- All visitors have been given a fact sheet outlining guidance for visiting LauraLynn
- Wipe down of visiting area to be completed by staff pre and post visit
- Sensory garden furniture has been positioned to identify social distancing
- A choice of wipe-able activities/games available
- Risk Assessment completed for visiting and monitored
- Telephone calls to 9 residential families were made on 03/06/2020 and 04/06/2020 outlining guidelines for reintroduction of visitors
- Letter sent to 7 adult residential families outlining rules for visiting emailed and posted on 04/06/2020
- Visiting guidelines have been updated to reflect the measures implemented
- If a visitor becomes unwell during the visit:
    - Staff are aware to remove the resident immediately from the area and call for assistance
    - If a visitor has a colleague with them, the member of staff present will ask them to bring the person off site to a hospital/GP/home, depending on their presentation
    - If a visitor is on the own the member of staff will take the person to the 'visiting area' and contact a family member to come in and collect them or the staff member shall contact an ambulance, depending on their presentation.

9.2 Children's Disability Services:

The following measures have been implemented:
- The HSE Reshaping Disability Services from 2020 and beyond in line with COVID-19 restrictions (V2, 29 May 2020)
- The phased re opening of respite beds has been risk assessed and is being closely monitored by Director of Nursing and Senior Nursing Team
    - 1 crisis bed reopening 29th June
    - 2 crisis bed reopening 20th July
    - 2 respite beds opening 10th August
- Reduced respite capacity from 4 to 2 beds for the remainder of year
- Crisis referrals are individually assessed considering care needs of child/supports required, capacity (staffing and accommodation), date for admission, duration of admission (based on

assessment of need) – communication with family, inform family/referrer of procedure is ongoing

- A pathway for managing crisis referrals has been established
- A pathway for managing respite/crisis admissions and discharges has been established
- Visiting policy in place – only 1 parent of residential children permitted in house, max 2 adult family members permitted for patio visits
- Prior to coming in for crisis respite a risk assessment is completed
- The parent/guardian is required to complete a self-declaration form that they have not had a temperature or been in close contact with a person who was known to be COVID-19 positive for the previous 14 days
- The parent/guardian will be asked for the child's temperature to be taken prior to admission to Respite (a fever is 38 degrees Celsius or above) – if the child has a temperature they will be advised to self-isolate as per HPSC guidelines and not admitted to the service
- A letter outlining the pathway and giving dates for the remainder of year has been sent to families

9.2.1 Admission for crisis respite

- Parents/guardian is advised to come in at a specific time (NOT coinciding with residents visiting times)
- Parents/guardian are to enter via garden in between Hazel House & Willow View
- Parents/guardian are to ring Hazel House when they are at the back door
- Staff shall carry out temperature and wellbeing checks for the parent/guardian and child and the self-declaration form is completed
- Staff shall show parent/guardian how to perform hand hygiene, give them a surgical mask and demonstrate how to put on and take of same.
- Staff member to bring parent to the family room in Hazel House and the child into Hazel House
- Staff member to go through the handover of care in the family room and let parent/guardian leave via back door
- Staff member to wipe down all contact areas in family room

9.2.2 During Admission

- The child will be monitored throughout the respite stay for signs of COVID-19, at a minimum with twice daily temperature and wellbeing checks being taken
- If a child begins to show signs of COVID-19 symptoms they will be isolated for 14 days
- The 2 metres social distancing will be maintained between all children in the house
- If a child becomes unwell during a respite stay the following will be implemented:
    - The child will be isolated
    - The child will be assessed
    - The GP will be contacted if necessary
    - The family will be contacted
    - The child will be discharged to the care of the parents
    - The bedroom, living space and equipment used by the child will be deep cleaned
    - Close observation to be maintained on other children in the house
- Where a child has been tested positive for Covid-19 during or post a respite stay temporary suspension of respite services will commence whilst the house is deep cleaned and a risk assessment has been completed
- Where a residential child in the house has been tested positive for Covid-19 the following will be implemented:
    - The child will be cared for in isolation
    - Staff will implement the care plan for nursing a child with COVID-19
    - Availability of crisis bed in Hazel House will be suspended

- All potential contacts will identified
- Guidance from the Department of Public Health will be followed.
- HIQA will be notified
- Consult with LauraLynn House with regards to making a bed available there for crisis admissions
- Communication will be sent to families as relevant

9.2.3 Discharge from Crisis Respite

- Parents/guardian to be advised to come in at a specific time (NOT coinciding with residents visiting times)
- Parents/guardian will enter via the garden in between Hazel House and Willow View
- Parents/guardian will ring Hazel House when they are at the back door
- Staff shall carry out temperature and wellbeing checks of the parent/guardian
- Staff shall show parent/guardian how to perform hand hygiene, give them a surgical mask and demonstrate how to put on and take of same
- Staff member will bring the parent to the family room in Hazel House
- Staff member to go through the discharge of care in the family room, bring the child out to parent/guardian and let them leave via the back door
- Staff member shall wipe down all contact areas in the family room

9.3 LauraLynn House

The following measures have been implemented

- HSE Reshaping Children's Palliative Care Services from 2020 and beyond in line with COVID-19 restrictions (V2, 29 May 2020)
- Hand Hygiene/Cough Etiquette/Appropriate PPE/Social Distancing/Office Etiquette/Reduced Staff on site all in place
- Staff are required to have their Temperature & Wellbeing assessments, twice daily
- All children are required to have twice daily Temperature Assessments
- Phased re opening of short stay beds will be risk assessed and closely monitored by Assistant Director of Nursing & Senior Nursing Team
- 3 crisis beds and 1 End of Life (EOL) beds are open for the duration of the pandemic April-August 10th 2020
- Allocation of short stays have been reduced to 3 nights (total) for each child for the remainder of the year to ensure fair and equitable service is provided to all
- Bed capacity has been reduced to 4 beds for the remainder of the year. This will remain under review in terms of social distancing and staffing levels
- 3 short stay beds (1-3 day duration) and 1 crisis/EOL bed is reopening from August 10th 2020
- 4 children may avail of short stays at any one time but in the event of a crisis/EOL referral, one child to be discharged home. This will be risk assessed by the nursing management and Clinical Nurse Specialist teams on an individual case basis
- Crisis referrals will be individually assessed considering the care needs of the child/supports required, capacity (staffing and accommodation), date for admission, duration of admission (based on assessment of need) – communicate with family, inform family/referrer of the procedure to follow.
- Pathway for managing crisis referrals established and implemented

9.3.1 First Stays

- All new children referred to the hospice and have been on hold during the COVID 19 pandemic will be allocated First Stay's from August 10th 2020
- All aspects of admission will be same for all booked/crisis stays and risk assessed accordingly.

Immediate family members/guardian will be permitted to stay in family accommodation based on risk assessment completed by CNS/Nursing Management prior to allocating dates for this stay

9.3.2 Family accommodation

- Closed to all families from April until the re-opening of short stay beds from August 10th 2020
- Reduced capacity when re-opens on August 10th 2020. The maximum of 2 bedrooms will be available to families to facilitate social distancing and ensure infection control protocols adhered to
- The nursing management and CNS teams will assess families permitted to avail of family accommodation at the weekly Bed Management Forum and include in the child's risk assessment prior to their stay. Priority will be given to children/families outside Dublin area
- No visiting is permitted during short stays unless it is an emergency case i.e. child becomes unwell/requires transfer to hospital

9.3.4. Butterfly Suite

- All children who avail of the service may access the Butterfly Suite in the event of their death, each death will be risk assessed by nursing management/CNS team on an individual basis
- 6 immediate family members only at any one time is permitted in Butterfly Suite
- A further 9 family members may access the garden area outside the Butterfly suite (as per current social distancing guidelines of 2 metres)
- People may enter the Butterfly Suite via external garden doors but only to maintain a total of 6 people at any one time between 2 rooms of the suite

9.3.5 Prior to coming in for a crisis stay/short stay

- A risk assessment will be completed
- The parent/guardian will complete a self-declaration form that they have not had a temperature or been in close contact with a person who was known to be COVID-19 positive for the previous 14 days
- The parent/guardian will be asked for the child's temperature to be taken prior to admission (unacceptable pyrexia is 38 degrees Celsius or above) – if the child has a temperature they will be advised to self-isolate as per HPSC guidelines and not be admitted to the service

9.3.6 Admission for stay

- Parents/guardian will be advised to arrive at a specific time-one parent/guardian only, no siblings/other family members are permitted
- Parent/guardian to ring doorbell at LauraLynn House reception
- Parent is required to go straight to the reflective space in the reception area for a wellbeing check
- Staff nurse in PPE (surgical mask, apron and gloves) will carry out temperature and wellbeing check of parent/guardian and child and obtain the self-declaration form
- Staff nurse will provide hand gel to allow the parent to perform hand hygiene (hand washing facility also available), surgical masks will also be provided
- Staff member will bring the child into the hospice following satisfactory wellbeing check
- Staff nurse will complete the nursing admission with parent/guardian in the reflective space, and the parent will leave via reception once completed. Or if availing of family accommodation- go directly there via the door entering the hospice entrance hallway
- Staff member to wipe down all contact areas in the family room and all incoming equipment/supplies

9.3.7 During Admission/Short stay

- The child will be monitored throughout the short stay for signs of COVID-19, with a minimum with twice daily temperature and wellbeing checks
- 2 metres social distancing will be maintained between all children in the hospice
- If a child begins to show signs of COVID-19 symptoms the:
  - Child will be isolated
  - Child will be assessed
  - GP contacted if necessary
  - Family will be contacted
  - Child will be discharged to care of parents/transferred to hospital
  - Bedroom, living space and equipment used by child to be deep cleaned
  - Close observation to be maintained with other children in hospice
- If a child is diagnosed as COVID-19 positive during/post short stay:
  - Child will be isolated
  - Child will be assessed
  - GP contacted if necessary
  - Family will be contacted
  - Child will be discharged to care of parents/transferred to hospital
  - Bedroom, living space and equipment used by child will be deep cleaned
  - Close observation will be maintained for all children in hospice.
  - Temporary suspension of short stay services whilst hospice is deep cleaned and a risk assessment completed

9.3.8 Discharge from Crisis/Short Stay

- Parents/guardian are advised to arrive at a specific time
- Parents/guardian to ring doorbell at reception
- Parents/guardian to enter the reflective space via LauraLynn House reception
- Staff nurse in PPE to carry out temperature and wellbeing check of the parent/guardian
- Staff nurse will provide hand gel and surgical mask for the parent/guardian in the reflective space
- Staff nurse to go through discharge of care with the parent/guardian in the reflective space, staff shall bring the child and all belongings out to the parent/guardian and allow them to leave via reception door
- Staff member to wipe down all contact areas in the reflective space
- Families availing of accommodation must remove all belongings from rooms prior to discharge, discharge of child will take place in reflective space as per all other discharges
- Letter outlining the pathway sent to families
- All short stays booked are subject to cancellation
- Social distancing will be maintained between children at all times

10.0 Other Measures Implemented

10.1 Infection Control Procedures

- All staff must have their temperature & wellness assessed each day before entering any building on site
- Staff must sanitise their hands using the hand gel dispensers located in the reception areas next to the sign-in sheets and follow hand hygiene guidance
- All work stations/desks, IT equipment and vehicles must be cleaned before use using the anti-bacterial wipes provided

- Office based staff shall follow the Office Etiquette guidelines - daily wipe downs, no sharing of cups, bottles etc.
- 2-meter social distancing is maintained at all times, including when walking along corridors where standing in close proximity should be kept to an absolute minimum
- In order to ensure good respiratory etiquette, bins have been provided in every office. It is the responsibility of each staff member to empty office bins daily using the correct PPE (disposable gloves). A central location is located for daily disposal of these bins at Little Oak Reception and Rowan House ground floor
- Only staff providing care to service users and their families are to access the units/care areas where they are located. **All other staff shall avoid going to these buildings unless it is absolutely necessary.**
- For their own protection and for the protection of others, staff should wear face masks/ coverings if using public transport to and from work
- To ensure there is a continued supply of PPE, masks etc. are only issued to staff who are in close proximity to, or are caring for service users
- Members of the clinical / family support team that provide direct care are required to bring work clothes with them to work. Work clothes are not worn to or from work, to protect our service users and each other. Work clothes are washed at 60 degrees and where possible tumble dried or ironed. Where 60-degree washing is not possible, work wear must be either tumble dried or ironed after washing
- An additional screen has been put up in the restaurant
- No handshaking policy has been implemented

10.2 Contingency Procedures

- LauraLynn has developed an Organisational Roadmap for the phased re-opening of its services in line with the government roadmap
- All staff who have been working from home and have not worked in the office are required to complete the Pre-Return to Work Self-Declaration Form 3 days before returning on site
- A Return to Work Safely Induction pack has been developed for all staff
- The organisation maintains a contact log of all people on site daily through Clockwise, Vitro, sign-in sheets and temperature and wellness assessment forms. If contract tracing has to be implemented, you will be contacted. Contact tracing will be kept under review
- The organisation's health and safety statement has been updated to reflect the measures that have been implemented
- Line managers are required to identify any members of staff within their department who may have been identified within the COVID-19 "at risk/vulnerable" category. Where approved by a medical professional to return to work the individual shall complete a risk assessment with their line manager, before they can return to work
- The Emergency Management Plan and Business Contingency Plan has been updated to reflect the measures that have been implemented to manage the COVID-19 pandemic
- Contractor induction pack has been developed and available online. Contractors are required to read this before commencing work on site
- Pathway for when a staff member becomes ill with suspected COVID-19 has been developed

10.3 Communication

- All staff working from home are required to complete the Display Screen Assessment training on the HSELand and complete the Display Screen Assessment Form
- The Covid-19 Group meet once/twice a week or as necessary
- A Working from Home (Remote Working) policy and Office Etiquette guidelines have been developed and circulated to staff COVID-19 general risk assessments have been completed for the clinical and non-clinical areas to ensure it is safe for staff to return to work and carry out

their duties

11.0 Government/Authority Guidance

The Covid-19 Group reviews and monitors guidance from the government agencies and public authorities' e.g. public health, travel, HSE on a daily basis from the following websites.

HSE: https://www2.hse.ie/conditions/coronavirus/coronavirus.html
Department of Foreign Affairs: https://www.dfa.ie/travel/travel-advice/coronavirus/
Department of Health: https://www.gov.ie/en/news/7e0924-latest-updates-on-covid-19-coronavirus/ Health Protection and Surveillance Centre:
https://www.hpsc.ie/a-/respiratory/coronavirus/novelcoronavirus/

12.0 Important documents:

Important documents that have been issued from the government or authorities, which the Covid-19 group and Return to Work Safely Steering Group will need to implement have been saved in the Covid-19 folder and RTW steering group folder on the LauraLynn SharePoint

Appendix 1: Covid-19 Group Membership

Member Role, Email, Telephone

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